



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM

CMI INTOXILYZER 5000 MAINTENANCE REPORT

REPORT #4

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOXILYZER 5000 SN <u>66-005174</u>	NAME OF AGENCY <u>POPLAR BLUFF Police DEPT</u>	DATE OF INSPECTION <u>2/4/13</u>
LOCATION OF INSTRUMENT (STREET AND CITY) <u>330 N 2ND ST Poplar Bluff MO 63901</u>		TIME OF INSPECTION <u>0155</u>

CHECKLIST: Place a mark by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- ☒ DVM TEST: (.350 \pm .150) 408
- ☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (FROM PRINTOUT) 0157
- ☒ CHARACTER DISPLAY TEST
- ☒ PRINT TEST (PRINTOUT ATTACHED)
- ☒ SIMULATOR SOLUTION SUPPLIER BUTH LAB .10 LOT # 210100 EXP. DATE 7/18/14
- ☒ SIMULATOR TEMPERATURE (34°C \pm 0.2°C) 34.0 SIMULATOR SN SD2748 EXP. DATE 1/10/14
- ☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within \pm 5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- ☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
- ☒ 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
- ☒ 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 \Rightarrow <u>.095</u>	TEST 2 \Rightarrow <u>.095</u>	TEST 3 \Rightarrow <u>.095</u>
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☒ PERFORM RFI TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	1	0-.04	.05-.09	.10-.14	/	.15-.19	Over .19	/
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS
(USE OTHER SIDE IF NECESSARY).

NO NEW PARTS

INSPECTING OFFICER

SIGNATURE <u>Capl Rnd W. Knapp #55</u>	PRINT FULL NAME <u>RICHARD W. KNAPP</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>210210 7/7/13</u>	TELEPHONE NUMBER <u>573 785 5776</u>

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, Missouri Department of Health and Senior Services
Southeast District Office
2876 James Blvd.
Poplar Bluff, MO 63901

**GUTH LABORATORIES, INC.**

690 NORTH 87th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **12100** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **July 20, 2012**, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1217%** (w/vol) ethyl alcohol. The expiration date for this lot number is **July 18, 2014** at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

330 N. 2ND ST. POPLAR BLUFF MO
INTOXILYZER - ALCOHOL ANALYZER
MO MODEL 5000 SN 66-005174
02/04/2013

DIAGNOSTIC TEST

01:57

PROM CHECK	E735.23	PASSED
RAM CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNOPQRSTUVWXYZ
0123456789

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND / OR REMARKS

INTOXILYZER 5000 INSTRUMENT PRINTER CARD

CMSU 1870-97

SN 66-005174
E735.23
INVALID TEST
INHIBITED - RFI

02/04/2013
02:06

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND / OR REMARKS

INTOXILYZER 5000 INSTRUMENT PRINTER CARD

CMSU 1870-97

330 H. 2ND ST. POPLAR BLUFF MO
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005174
02/04/2013

TEST	%BAC	TIME
AIR BLANK	.000	02:01
CAL. CHECK	.095	02:02
AIR BLANK	.000	02:02
CAL. CHECK	.095	02:02
AIR BLANK	.000	02:03
CAL. CHECK	.095	02:03
AIR BLANK	.000	02:03

NO RFI PRESENT

SN 66-005174
E735.23

02/04/2013
01:58

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ01234567891011abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ01234567891011abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ01234567891011abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ01234567891011abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ01234567891011abcde

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND / OR REMARKS

INTOXILYZER 5000 INSTRUMENT PRINTER CARD

CMSU 1670-97

SUBJECT'S NAME

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INTOXILYZER 5000 INSTRUMENT PRINTER CARD

CMSU 1670-97

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



RICHARD W KNAPP

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000; ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 07/07/2011

Number 210210

Expires 07/07/2013

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (17-88)